July 2013—March 2016

Project Objectives:

- To identify lessons from Doti District pilot intervention on improving effectiveness and efficiency of health workers and develop an understanding of what worked, how and why;
- To analyse the context in the 3 intervention districts (mountain, hill and plains) and ascertain implementation issues and strategies
- To develop, refine and test a HWPM model in 3 different districts, assess processes, effectiveness and scalability

Team Members:

Principal Dr. Sushil Chan-Investigator dra Baral Co-Investigator Dr. Bal Krishna Subedi Co-Investigator Mr. Mahendra Shrestha Dr. Helen Elsey Co-Investigator Co-Investigator Dr. Sally Theobald Mr. Tim Marti-Co-Investigator neau Co-Investigator Dr. Joaana Raven

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Empowering District Level Managers to Improve Health Worker Performance in Nepal



An implementation research to understand effectiveness of health worker performance model

Project Summary

Ministry of Health and Population (MoHP) introduced a health workers' performance model - HWRM (known as Performance Based Management System - PBMS) to improve health workers' performance. The major components of PBMS model include: Performance Planning: Performance/Progress Measurement; Comparative Analysis and Evaluation of Performance and Reward and Performance Improvement Plan. This study will generate further understanding and replicate an improved version of the model in different contexts (mountain, hill, and plains districts). For this purpose, lessons from Doti district will be documented. Then after, existing PBMS model will be reviewed, updated and piloted. This 2 year study is divided into 3 phases:

- Phase I (6 months)—Learning PBMS model in Doti
- Phase II (1 year) Pilot study in Dang, Rasuwa and Baitadi
- Phase III (6 months) Evaluation of the pilot

Summary of Progress Updates:

- Proposal Development Workshop: A proposal development workshop was held in Geneva from January 21 to 25, 2013. 3 participants: 1 from HERD and 2 from MoHP participated in the workshop.
- Project Sensitisation and Advocacy Meetings: Formal
 and informal meetings/interactions with senior officials of
 MoHP and Department of Health Services (DoHS) were
 conducted where the officials welcomed the idea of making
 this research as a part of the national health system and
 agreed to take the leadership of strategic committees.
- Formation of Project Committees: Project committees
 were formed namely the Advisory Committee, Steering
 Committee and Technical Working Group. Management
 Division of DoHS was recognised as the focal body and
 Memorandum of Understanding (MoU) was also signed

between the government and HERD for the study implementation.

- Monitoring Visit by WHO Technical Officer: Ms.
 Anayda Gerarda Portela, Technical Officer WHO, Department of Maternal, Newborn, Child and Adolescent Health (MCA) made monitoring visit to Nepal during the fourth week of November 2013. She was briefed especially about project consultation mechanisms with the MoHP and other stakeholders and formation of the committees.
- Scoping visit in the districts: Scoping visits were made by MoHP and HERD team to Doti, Bajhang and Dang districts.
- Assessment of PBMS in Doti: Assessment of PBMS model in Doti was done using mixed methods of data collection as well as some monitoring tools. Data analysis and report writing of this assessment was also completed with the support of Leeds University and London School of Hygiene and Tropical Medicine.
- Context Analysis of 3 Implementation Districts:
 Context analysis of Dang, Rasuwa and Baitadi have also been conducted using mixed methods approach.
- National Consultation Workshop to revise PBMS
 Guideline: HERD supported Management Division to
 organise national consultation workshop together with
 WHO and DoHS to review and revise the existing PBMS
 guideline. HERD also shared the Doti learning and
 sought suggestions for changes in the existing PBMS
 model. A small group under the leadership of Mr. Mahendra Shrestha, Director of National Health Training
 Centre was also formed to make the existing PBMS
 guideline more user-friendly.